

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599850

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10	1					
11		1				
12		1				
13		3				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18			1			
19				1		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	21	←	15	←		←
TOTAL CLAIMS	23		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						